diagnosis of either leukemia, melanoma, or non-small cell lung cancer (NSCLC) and reported currently using a treatment for their condition were included in the analyses. Adherence was measured using the Morisky Medication Adherence Scale (MMAS-8) modified for use in oncology. Sociodemographics, health history, and health outcomes were also assessed. Descriptive analyses of adherence were conducted along with an assessment of the relationships between adherence and health outcomes. **RESULTS:** A total of 103 respondents were included in the analyses (n=42, 41, and 20 for leukemia, melanoma, and NSCLC, respectively). Most respondents were male (69.9%) and the mean age was 57.1 years (SD=15.79). Across the three tumor types 65.0% of respondents reported some form of non-adherent behavior (71.4%, 58.5%, and 65.0% for leukemia, melanoma, and NSCLC, respectively). Pooling tumor types, patients who were non-adherent reported significantly worse mental health status compared with patients who were adherent (Mean=44.41 vs. 49.48, p<.05). Similar trends (though only marginally significant) were observed for hospitalizations (Mean=0.97 vs. 0.42, p=.11) and emergency room visits (Mean=1.18 vs. 0.25, p=.07) in the past six months. **CONCLUSIONS:** These results suggest a significant level of non-adherence among patients being treated for leukemia, melanoma, and NSCLC. Although statistical power was modest due to small sample size, preliminary results suggest a deleterious effect of non-adherence on health outcomes. As more oral targeted therapies emerge, an emphasis should be placed on improving adherence rates to maximize treatment benefit and reduce societal costs.

PCN96

INDICATORS OF PARTICIPATION IN CERVICAL CANCER SCREENING AMONG WOMEN IN A HUNGARIAN TOWN, NAGYATÁD

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OBJECTIVES: The aim of our study was to evaluate a sample of the population's knowledge on cervical smear test and HPV, also learn about the vaccine, attitudes towards screening, the appearance at screening or absence motivations. **METHODS:** A quantitative cross-sectional, questionnaire survey was carried out among the mothers of girls aged nine to fourteen years in the public school of Nagyatád town in September 2012. In total, 247 questionnaires were distributed, of which 186 proved to be evaluated. The χ^2-test was performed as a statistical method besides 95% probability ($p<0.05$). The data analysis was performed with SPSS 20.0 programs. **RESULTS:** 96.2% of the respondent women have had cervical smear tests. Their average age was 20.92 years when they went for the first time for cervical cancer screening. 84.4% of respondent women reported annual visit for screening. 49.2% of respondent women last appeared in 2012, while 40.2% in 2011 at gynecologist. College graduates were significantly ($\chi^2 = 13.785$, $p = 0.032$) less likely to take part on screening over two years interval. Most of their knowledge on the prevention of cervical cancer obtained from television (67.7%), gynecologist (58.6%), Internet (47.8%) or newspapers (36%). Only 8.1% had heard of the disease in the form of lectures. **CONCLUSIONS:** Women reported a very high participation rate at cervical cancer screening. Although there is a three years screening interval in Hungary, most of the women in our study reported a two years or less screening interval.

PCN97

UTILITY VALUES FOR SPECIFIC CHRONIC MYELOGENOUS LEUKAEMIA (CML) CHRONIC PHASE HEALTH STATES ELICITED FROM THE GENERAL PUBLIC IN THE UNITED KINGDOM

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OBJECTIVES: To elicit utility values for CML chronic phase health states (i.e. molecular response (MR), complete molecular response (CMR) [i.e. undetectable disease on treatment], treatment-free remission (TFR) and re-appearance of detectable disease (RDD) [i.e. relapse from treatment-free remission to molecular response requiring treatment]) from the general public in the UK. **METHODS:** Interviewer-administered time trade-off (TTO) and standard gamble (SG) utilities were elicited for four CML-related health states from a random sample of 235 members of the general public in the UK, using health state descriptions validated by clinicians and members of the general public. **RESULTS:** Respondents' mean age was 61 years and 47% were female. Mean utilities were: 0.90 (TTO) and 0.72 (SG) for RDD, 0.94 (TTO) and 0.80 (SG) for MR, 0.96 (TTO) and 0.85 (SG) for CMR and 0.97 (TTO) and 0.87 (SG) for TFR. SG values were all significantly lower than TTO values (p <0.001). TTO values for TFR and CMR were significantly different from that for RDD (p = 0.002). The SG value for TFR was significantly different from that for MR and RDD (p <0.001). Additionally, the SG value for MR was significantly different from that for CMR (p = 0.02) and RDD (p <0.001). Respondents' preference values for any of the states were not affected by their demographics, except SG values elicited from males which were ~0.08 higher than those from females (p <0.05). **CONCLUSIONS:** These findings suggests that level of response to treatment impacts on patients' health-related quality of life in CML. Health states associated with a better outcome (e.g. TFR) were associated with a higher preference value than states with a poorer outcome (e.g. RDD). These utility values can be used to estimate quality-adjusted life years associated with different treatment options.

PCN98

IMPORTANCE, ANTICIPATED BURDEN, AND FUNCTION: VALIDITY OF UTILITIES FOR IMPOTENCE AND URINARY INCONTINENCE

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OBJECTIVES: To determine the relationship between a man's current urinary and sexual function, qualitative valuations of future loss of function, and preferences for potential urinary and sexual impairment should he undergo screening or treatment for prostate cancer. **METHODS:** We elicited time-tradeoff utilities for prostate cancer treatment outcomes from 168 men. We performed logistic regression to (1) analyze the relationships between current function, valuation of future loss of function, and preferences, and (2) identify the relationship between the qualitative responses and the optimal decision of whether to undergo screening for prostate cancer as determined from a previously-published decision-analytic model. **RESULTS:** Current function was not related to impotence and urinary incontinence utilities. Importance of sexual function and anticipated adjustment to a loss of sexual function were strongly related to impotence utilities (P<0.05). Greater perceived difficulty adjusting to loss of bladder control, an anticipated function, was significantly related to incontinence utilities. Based on the multivariate analysis, significant predictors for the utility of severe incontinence were family income (OR=0.26 [CI 0.08-0.87] for income $20k-$70k and OR=0.11 [CI 0.01-0.70] for income >$70k, relative to income group <$20k), family history of prostate cancer (OR=2.85 [CI 0.96-8.45]), work status (OR=2.90 [CI 0.99-8.50]), and attitude toward needing to wear an incontinence pad (OR=6.47 [CI 0.76-54.4]). However, no variables were significant predictors for the complete impotence utilities. The importance of sexual functioning, with odds of 2.99 ([CI 1.28-6.95]), was a significant predictor of the optimal decision to screen. **CONCLUSIONS:** Current function and satisfaction are not necessarily useful as proxy measures of utility; however, anticipated difficulty adjusting to adverse health effects were highly related to preferences. Similarly, the importance of sexual functioning, a future preference, was related to the optimal decision, which validates our previously published decision-analytic model.

PCN99

OBESITY ASSOCIATED WITH ADDED BURDEN AMONG PATIENTS WITH CANCER IN THE 2012 NATIONAL HEALTH AND WELLNESS SURVEY IN THE UNITED STATES

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OBJECTIVES: Excess weight is associated with poorer disease outcomes across various cancers. The current study examined health outcomes associated with obesity in respondents with and without cancer, addressing a lack of large-scale, population-based research including non-cancer comparison groups. **METHODS:** Among 71,149 U.S. 2012 NHWS respondents, 7,751 reported diagnosis with cancer: any/metastatic solid tumor, leukemia, lymphoma, breast, cervical, colorectal, ovarian, prostate, skin, uterine, other, small cell lung, and/or non-small cell lung cancer. Cancer diagnosis and obesity (BMI≥30 vs. less) were crossed for analysis, resulting in 69,292 respondents (excluding 1,857 without BMI information): 2,745 obese versus 4,860 non-obese with cancer and 20,177 obese versus 41,510 non-obese without cancer. Health outcomes included Work Productivity and Activity Impairment questionnaire-based measures (among employed-only for work productivity), and Mental and Physical Component Summary (MCS and PCS) scores and health utilities (SF-6D) from the SF-36v2. Bivariate tests of column proportions and means for categorical and continuous variables, respectively, compared measures across all groups. Multivariable (linear and negative binomial) generalized linear models assessed outcomes as a function of obesity, cancer diagnosis, their interaction, and sociodemographic and health behavior covariates of interest, plus Charlson comorbidity index (CCI) scores. **RESULTS:** Respondents with versus without cancer were older and had higher CCI (as did obese versus non-obese respondents), all p<0.05. Adjusting for covariates, obesity versus no obesity was associated (among those with cancer) with decreases in PCS (-3.61 points) and utilities (-0.030) and increases in presenteeism-related (20%), overall work (18%), and activity (24%) impairment, all p<0.05. CCI was associated with significant impairments across outcomes, all p<0.001. **CONCLUSIONS:** Among cancer-diagnosed respondents, obesity was associated with significant impairments. Obese respondents with cancer also had a higher rate of comorbidity. Obesity and a history of cancer may represent a "dual-risk" profile, suggesting the need for coordinated follow-up care and health promotion in this population.

PCN100

COMPARISON OF PATIENT REPORTED OUTCOMES (PROS) AND CLINICIAN REPORTED OUTCOMES (CROS) IN PATIENTS WITH METASTATIC BRAIN DISEASE

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OBJECTIVES: To evaluate the concordance between Neurocognitive function (NCF), Karnofsky performance status (KPS), quality of life and time trade-off (TTO) over time. **METHODS:** We retrospectively analyzed secondary data from a randomized study of 58 patients who completed tests determining TTO utility with each of three time horizons (10 years, 5 years, and 1 year), neurocognitive function (Hopkins Verbal Learning Test–Revised [HVLT-R] and Trail Making Test Part B), KPS score, and quality of life (Functional Assessment of Cancer Therapy–Brain [FACT-BR]) and symptoms (MD Anderson Symptom Inventory–Brain Tumor [MDASI-BT]) at baseline and at predetermined intervals for 2 years. Multiple linear regression analyses were used to estimate the relationships between TTO utility and other outcome variables, including a time variable to capture within-patient change over time. **RESULTS:** Significant but weak associations were